## **MEMORANDUM**

TO: Vermont Mental Health Performance Indicator Project

Advisory Group and Interested Parties

FROM: John Pandiani

Janet Bramley

DATE: December 17, 1999

RE: Children's Services Caseload Segregation/Integration

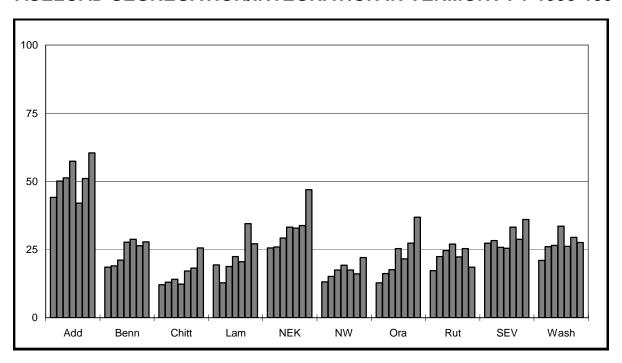
The vision of an integrated, coordinated "system of care" remains a core element of Vermont's thinking about meeting the needs of children and adolescents with severe emotional disturbances. The attached table presents updated information on the degree of service system integration among three child serving agencies (community mental health, child protection, and special education programs for emotional/behavioral disturbances). The measure of service system integration used in this analysis is the Caseload Segregation/Integration Ratio. Simply stated, CSIR measures the amount of caseload overlap among child serving agencies. CSIR values range from "0" (where there is no caseload overlap) to "100" (where is total caseload overlap).

The measure of caseload segregation/integration reported here relied exclusively on existing databases maintained by state level child serving agencies. Because these service sectors do not share person identifiers, unduplicated counts of the number of individuals served were determined using Probabilistic Population Estimation. This is a statistical method for determining the number of people represented in data sets that do not contain unique person identifiers. The estimate is based on a comparison of information on the distribution of dates of birth in the general population with the distribution of dates of birth observed in data sets (Banks and Pandiani, 1998; Banks et. al. 1998; Pandiani, Banks, and Schacht, 1998).

As you will see, the average level of caseload integration among children's mental health, SRS, and special education (EBD) caseloads in Vermont has increased from 21 in 1993 to 33 in 1999. There are, however, substantial differences among the different regions of the state. In addition, caseload integration has not increased uniformly in all regions. Caseload integration in Lamoille and Rutland Counties, for instance, decreased substantially between 1998 and 1999. In 1999, caseload integration in Chittenden County, the Northeast Kingdom, and Orange County increased substantially over previous years. Throughout the period under examination, Addison County has had the highest level of caseload integration in the state.

As always, we look forward to you comments and questions, and your suggestions for further analysis to 802-241-2638 or jpandiani@ddmhs.state.vt.us.

## **ASELOAD SEGREGATION/INTEGRATION IN VERMONT FY 1993-199**



Region/Provid	1993	1994	1995	1996	1997	1998	1999
Addison	44	50	51	57	42	51	61
Bennington	19	19	21	28	29	26	28
Chittenden	12	13	14	12	17	18	26
Lamoille	19	13	19	22	20	34	27
Northeast	26	26	29	33	33	34	47
Northwest	13	15	17	19	17	16	22
Orange	13	16	18	25	22	27	37
Rutland	17	22	25	27	22	25	19
Southeast	27	28	26	25	33	29	36
Washington	21	26	27	34	26	29	28
Statewide Average	21	23	25	28	26	29	33

Caseload Segregation/Integration Ratio (CSIR) is a measure of the amount of caseload overlap among child serving agencies. CS range from "0" (a service system in which child serving agencies have no overlap) to "100" (a service system in which there is total The CSIRs reported here are based on data held in the databases of the State of Vermont Department of Developmental and Men Services, Social and Rehabilitative Services and Department of Education. Since these databases do not share common identifier probabilistic population estimation was used to derive CSIR values. For more information, see

Pandiani, J.A., Banks, S.M., & Schacht, LM. (1999). Caseload segregation/integration: A measure of shared responsibility for child and adolescents. <u>Journal of Emotional and Behavioral Disorders</u>, 7(2), 66-71.